

<p style="text-align: center;"><b>KENTUCKY CORRECTIONS</b> Policies and Procedures</p>	<p>Policy Number</p> <p style="text-align: center;">13.6</p> <p>Date Filed</p> <p style="text-align: center;">June 3, 2005</p>	<p>Total Pages</p> <p style="text-align: center;">17</p> <p>Effective Date</p> <p style="text-align: center;">September 20, 2005</p>
<p>References</p> <p>KRS 196.035, 197.400 - 440, 439.340 ACA 4-4369</p>	<p>Subject</p> <p style="text-align: center;"><b>SEX OFFENDER TREATMENT PROGRAM</b></p>	

## I. APPLICABILITY

This policy is applicable to all institutions and probation and parole districts within Corrections and community mental health facilities outside Corrections in which a specialized treatment program for sexual offenders has been operated or approved by Corrections' Mental Health Division, as well as those eligible sex offenders as defined herein.

## II. DEFINITIONS

As used in this document, the following definitions apply:

“Adjunct staff” means an employee of Corrections who works in conjunction with the Sex Offender Treatment Program and staff.

“Case management team” means all authorities involved in the supervision and treatment of a sex offender involved in the SOTP, and may include a probation and parole officer and SSC.

“Client” means any sexual offender who has been referred to and enrolled in the SOTP.

“Division” means the Department of Corrections Division of Mental Health.

“Eligible sex offender” is defined in KRS 197.410(2).

“Non-admitter” means a sex offender who does not admit guilt or responsibility for committing the sexual offense.

“Sex Offender Treatment Program” (SOTP) means the Kentucky Department of Corrections Division of Mental Health institutional and community based, specialized, sex offender therapy programs.

“Social Service Clinician” (SSC) means any employee of Corrections so designated by personnel specifications.

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“Sex offender” means an individual who has been adjudicated guilty of a sex crime, as defined in KRS 17.500, or any similar offense in another jurisdiction and includes those offenders on three-year conditional discharge or diversionary agreement for these crimes.

“Sex Offender Risk Assessment Advisory Board” (SORAAB) is defined in KRS 17.554.

“Volunteer” means any person, at least 21 years of age, who provides a service to Corrections, in conjunction with the SOTP and staff and does not receive a salary for performing this service.

### III. POLICY and PROCEDURE

#### A. Application

1. Upon entering a correctional institution, each sex offender shall be sent a memorandum informing them of the SOTP and requirements set by KRS 439.340(11) and (12).
2. Referral to Program – A referral shall be made in writing and forwarded to the SSC. Referrals may be made by:
  - a. Classification and Treatment Officer
  - b. Institutional psychologist
  - c. Probation and parole officer for community application

#### 3. Institutional Application

Upon receipt of a referral to the program, staff shall:

- a. Obtain a copy of the Pre-sentence Investigation (PSI) and
  - b. Complete an intake interview and document the interview.
4. Upon release to community supervision, each sex offender shall be notified by the supervising probation and parole officer that the offender will be referred to the community SOTP. Upon receipt of the referral the sex offender shall be sent a memorandum informing him of his referral and setting an appointment date and time.
5. Community Application

Upon receipt of the PSI and a referral to the program, staff shall complete an intake interview and document the interview.

#### B. Enrollment

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1. In accordance with the provisions of KRS 197.420(5), each SSC shall not maintain a caseload of more than fifty (50) participants.
2. In any instance where more than fifty (50) individuals have requested counseling and meet the established criteria, a waiting list shall be established. An individual may be referred to other treatment sources that have been approved by the SORAAB.
3. In the institutional program priority placement shall be given to:
  - a. A client incarcerated under the provisions of KRS 197.400 to 197.440 having a parole eligibility date or conditional release date within the next forty-eight (48) months.
  - b. Any client nearest their parole eligibility date, or conditional release date, if sooner than parole eligibility date, who is not incarcerated under the provision of KRS 197.400 to 197.440.
4. In the community program priority shall be given to an individual:
  - a. Dictated under KRS 197.400 to 197.440 who has completed the institutional component of the SOTP.
  - b. Referred by the probating judge or parole board.
5. A sex offender who does not admit guilt or responsibility for the offender's sexually assaultive offense shall not be accepted in the SOTP, after the initial assessment phase.
6. A non-admitter or any applicant who has been rejected shall be allowed to reapply for admission into the program one hundred eighty (180) days after rejection. If the non-admitter reapplies for admission into the program, the offender may be accepted if the offender is willing to admit guilt or responsibility for his sexually assaultive offense.

C. Responsibility

1. The client shall be informed in writing that successful completion of the SOTP does not provide a cure for the offender's behavior; rather, it provides tools the offender may use for controlling his behavior.
2. The client shall be informed in writing that upon completion of the SOTP a report of treatment progress shall be made to the Parole Board or probation and parole officer.

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3. The community client shall be informed in writing of the payment of treatment fees and obligations along with the requirement of the administration of the polygraph for community clients.

#### D. Confidentiality

1. KRS 197.440 governs the confidentiality of communications made by a sex offender.
2. Any planned criminal activity disclosed in evaluation or treatment of an institutionalized, paroled or probated, conditionally discharged or diversionary agreement sex offender shall be reported to the appropriate authorities.
3. Any activity identified as a behavior predictive of offending for the specific individual (e.g. cruising, alcohol or drug use, frequenting areas of prostitution, baby-sitting) and specified in the treatment plan as predictive shall be reported to appropriate authorities.
4. Any criminal activity disclosed to treatment staff during the course of therapy that occurred before the index offense shall not be reported to authorities as long as it is not ongoing and there is no identifiable victim remaining at risk and it does not meet the disclosure requirements in KRS 197.440. Efforts shall be made to determine that a victim or child is not currently at risk by continued contact with the sex offender who is making the disclosure of prior sexually abusive behaviors.
5. Any other request for disclosure of information shall be submitted to and approved by the Office of Legal Services.
6. The client shall be informed in writing of the conditions of the privilege created in KRS 197.440.
7. Adjunct staff and volunteers shall be subject to the same limits of confidentiality as outlined in KRS 197.400.

#### E. Recordkeeping

1. The treatment file shall be maintained separately from an institutional or probation and parole supervision file. The treatment file shall include:
  - a. Program announcement memorandum
  - b. Referral documentation
  - c. Intake documentation
  - d. Program contract

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- e. Group participation documentation
    - 1. SOTP 8 week institutional review documentation
    - 2. Weekly case note for community client
    - 3. Quarterly progress note for community client
  - f. Termination documentation
  - g. Any raw psychological data and psychological evaluations
  - h. Copy of PSI
  - i. Case notes
  - j. Any releases of information
  - k. Psychoeducational course data
  - l. Parole Board reports
  - m. Supplemental Conditions of Supervision for Sex Offenders (only applies to community clients)
  - n. Comprehensive Sex Offender Pre-sentence Evaluation (CSOPE)
  - o. Verification of Sex Offender Registration
  - p. Other relevant materials
- 2. Upon a client's discharge by parole or court ordered shock probation from the institutional program, the institutional SOTP unit shall forward the treatment files to the SOTP unit in the probation and parole district.
  - 3. If a client in an institutional treatment program is transferred to another institution, the treatment file shall be forwarded to the SOTP unit in the receiving institution.
  - 4. If a client in a community treatment program is transferred to another probation and parole district, the treatment file shall be forwarded to the SOTP unit in the receiving probation and parole district.
  - 5. Information shall not be released to another mental health agency without receipt of a written authorization by the client on an official release of information document.

F. Attendance

- 1. A client may be terminated from the institutional component of the program if the client has more than one (1) unexcused absence per calendar quarter
  - a. An authorized absence shall include:
    - (1) Verified court appearance
    - (2) Verified medical appointment
    - (3) Verified sick call
    - (4) Verified classification

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- (5) Verified adjustment committee
- (6) Work assignment - only when prior approval has been given to the client by the SSC or adjunct staff.
- (7) Attorney visit
- (8) Other visits when prior approval has been given by the SSC. Other absence authorized by the SSC.

b. All absences shall be documented and included in progress report.

2. A client may be terminated from the community component of the program if the client has more than one (1) unexcused absence per calendar quarter. The client's probation and parole officer shall be notified prior to the clients's termination from the community component. An authorized absence shall include:

- a. Verified illness
- b. Verified medical appointment
- c. Death in the family or verified serious illness in the family.
- d. Employment - only when prior approval has been given by the SSC.
- e. Other absences authorized by the SSC.

#### G. Treatment Modalities

1. Institution: Upon completion of the application phase in the institution, clients are required to complete the psychoeducational components as outlined in KRS 197.400 to 197.440. These components, as well as group therapy tasks shall be presented in a group therapy format.

- a. Assessment and orientation (A&O)
- b. Human sexuality
- c. Family patterns
- d. Stress management and social skills
- e. Ownership - acceptance of responsibility
- f. Autobiography
- g. Advanced ownership - understanding the sexual assault cycle
- h. Victim personalization
- i. Relapse prevention
- j. Recommendations for:
  - 1. Individual counseling
  - 2. Group counseling
  - 3. Marital and family counseling
  - 4. Ancillary programs addressing other needs.

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2. Community: Upon completion of the application phase in the community, clients are required to complete the psychoeducational components as outlined in KRS 197.400 to 197.440. These components, as well as group therapy tasks shall be presented in a group therapy format.
  - a. Assessment and orientation (A&O)
    1. Autobiography
    2. Correcting thinking errors
    3. Cycle of offending
    4. Introduction to victim awareness
  - b. Core therapy
    1. Advanced ownership
    2. Relapse prevention
    3. Advanced victim personalization
    4. Restitution
    5. Final group review
  - c. Maintenance Sessions-Six (6) monthly meeting with partner
  - d. Recommendations for:
    1. Individual counseling
    2. Group counseling
    3. Marital and family counseling
    4. Ancillary programs addressing other needs

#### H. Client Evaluation

1. Each client shall be evaluated by staff on the following criteria:
  - a. Attendance
  - b. Participation
  - c. Attentiveness
  - d. Behavior
  - e. Knowledge
  - f. Demonstration of application of treatment concepts
2. Each client shall be given verbal feedback concerning this evaluation and given the opportunity to provide input at least every one hundred and twenty (120) days.

#### I. Termination

1. An institutional client may be terminated from the SOTP for any of the following reasons:
  - a. More than one (1) unauthorized absence per calendar quarter.

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- b. Conviction of a disciplinary offense committed during a sex offender program session.
  - c. Confinement in disciplinary segregation resulting in the inability to attend more than one (1) scheduled session per calendar quarter.
  - d. Failure to successfully complete required psychoeducational courses.
  - e. Failure to complete any other component of the treatment plan as designated by the SSC or other assigned staff.
  - f. Any non-admitter who is already in the program shall be informed in writing that he has until the end of the module in which he is currently participating to admit guilt or responsibility for committing his sexual offense. If he does not admit guilt or responsibility for his offense, he shall be terminated from the program. The non-admitter shall be allowed to apply for readmission to the program one hundred eighty (180) days from the date of termination.
2. A community client may be terminated from the SOTP for any of the following reasons:
- a. More than one (1) unauthorized absence per calendar quarter.
  - b. Disruptive behavior in the session to the extent that the therapeutic process cannot take place.
  - c. The safety of the clients or SOTP staff is threatened.
  - d. Failure to complete any other component of the treatment plan as designated by the SSC or other assigned staff.
  - e. Any non-admitter who is already in the program shall be informed in writing that he has until the end of the module in which he is currently participating to admit guilt or responsibility for committing his sexual offense. If he does not admit guilt or responsibility for his offense, he shall be terminated from the program. The non-admitter shall be allowed to apply for readmission to the program one hundred eighty (180) days from the date of termination.
  - f. Failure to make payments for community treatment sessions.
  - g. Failure to pass or submit to polygraph.
3. If termination from the SOTP is indicated, the SSC shall make a recommendation of termination to the Licensed Psychologist, Program Administrator, and Corrections Program Administrator and notify the probation and parole officer, if the client is in the community.
4. Upon receipt of termination request, the Licensed Psychologist or Program Administrator shall rule on the recommendation for termination.



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5. The SOTP staff shall forward a written notice of termination to the client in an institution. The SOTP staff shall send a written notice of termination by certified mail to offenders being treated in the community SOTP.

J. Appeals of Termination

The client may forward a written appeal to the Director of the Division of Mental Health or the Director's designee within ten (10) calendar days of receipt of the decision. The Director or the designee shall forward a written response to the client within twenty-one (21) days of receipt of the appeal.

K. Re-Application

If a client is terminated from SOTP he may reapply one hundred eighty (180) days after the termination date as affixed by the Treatment Supervisor or Corrections Program Administrator.

L. Use of Adjunct Staff

1. The Division may use adjunct staff who are presently employees of Corrections.
2. Use of adjunct staff shall be subject to approval by the Mental Health Director or the designee and by the employing institution or agency.
3. Each training session conducted by the Division shall be made available to adjunct staff.
4. Adjunct staff shall be required to receive supervision from a designated staff member on at least a monthly basis.

M. Use of Volunteers

1. The Division may use a volunteer who is not an employee of Corrections subject to the provisions of CPP 26.1.
2. Each volunteer shall be required to abide by any rules or documents specific to the institution or agency in which the volunteer provides services.
3. Volunteers shall be required to receive clinical supervision from a qualified staff member on at least a monthly basis.
4. Training sessions conducted by the Division shall be required for each volunteer.

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5. A volunteer may be a practicum student or intern.

N. Safety and Security

1. Institutional staff shall comply with the security provisions of the institution in which they operate.
2. A means of outside communication, for example a two-way radio or telephone, shall be readily available when program activities are being conducted in the community setting.

O. Establishment of a Case Management Team

1. After conviction and receipt of the referral to community supervision and treatment for a sex offender, the SSC shall convene a team to manage the offender during the term of supervision:
  - a. The purpose of the team is to staff cases, share information, and make informed decisions related to risk assessment, treatment, behavioral monitoring, and management of each offender. The team shall use the CSOPE and the PSI as a starting point for decisions;
  - b. Supervision and behavioral monitoring shall be a joint, cooperative effort of the SSC and supervising probation and parole officer.
  - c. Each team shall include the SSC and supervising probation and parole officer. The team shall seek to include individuals whose involvement is appropriate for managing and treating the specific offender. Team membership may alter over time. The team may include individuals who need to be involved at a particular stage of management or treatment. The team may include a child protection worker, adjunct mental health providers, other legal representatives or a probation and parole officer from the sentencing state as appropriate.
  - d. The team members shall keep in mind the priorities of community safety and risk management when making decisions about the management or treatment of a client.
  - e. Team members shall communicate frequently enough to manage and treat the client effectively, with community safety as the highest priority.
  - f. The team shall seek:
    1. An ongoing, open flow of information among all members of the team;
    2. Participation of each team member in the management of a client;

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3. To have team members settle among themselves conflicts and differences of opinion that might make them less effective in presenting a unified response. The final authority rests with the supervising probation and parole officer; and
4. Commitment by team members to the team approach and assistance with conflicts or alignment issues that occur.

P. Responsibility of the Treatment Provider within the Team

1. It is the responsibility of the SSC to adhere to the ethical standards of the profession and in accordance with the Association for the Treatment of Sexual Abusers (ATSA) code of ethics;
2. The SSC shall provide a copy of the quarterly client progress reports to the team members as appropriate;
3. The SSC shall supply the probation and parole officer and appropriate team members with a copy of the written plan developed in treatment for preventing a relapse and any partner alert home rules and plans of protection developed when establishing contact with minors. The client, SSC, probation and parole officer, and client partners shall sign these documents when applicable. Alterations to the conditions of treatment or supervision shall not be granted without the agreement and written consent of all team members. The SOTP policies regarding reestablishing contact with minors and reunification, home rules, travel rules and the program contract shall be shared with the probation and parole officer and any other team members deemed appropriate;
4. The supervising probation and parole officer may attend any sessions conducted with the client including group sessions;
5. The SSC shall immediately report to the probation and parole officer all violations of the treatment contract, including those related to specific conditions of supervision and attendance. This shall include evidence or likelihood of a client's increased risk of re-offending so that behavioral monitoring activities may be increased;
6. The SSC shall report to the probation and parole officer any reduction in frequency or duration of contacts or any alteration in treatment modality that constitutes a change in a client's treatment plan. Any permanent reduction in duration or frequency of contacts or permanent alteration in treatment modality shall be determined on an individual case basis by the SSC and probation and parole officer;

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7. If a termination from treatment is to occur, the SSC shall immediately notify the probation and parole officer. The probation and parole officer shall be provided with a written termination summary detailing the client's participation in treatment and reasons for the termination. If the probation and parole officer files a revocation of probation or parole the SSC shall testify in court if necessary.

Q. Utilization of the Polygraph Examination

1. In cooperation with the supervising probation and parole officer, the SSC shall employ treatment methods that incorporate the results of polygraph examinations, including specific issue polygraphs, disclosure polygraphs, and maintenance polygraphs. Exceptions to the requirement for use of the polygraph may be made only by the case management team to include the SSC, probation and parole officer and supervisor, SOTP supervisor, and the polygraph examiner. An exception shall be made only with the unanimous agreement of the case management team and the reasons for the exception shall be recorded in the client's file. The case management team shall determine the frequency of polygraph examinations if this amount differs from this policy.
2. Polygraph examinations are used for the purpose of detecting deception or verifying the truth of statements of a client for treatment and supervision purposes. The team shall review the results of the polygraph. The results of polygraphs shall be used to identify treatment issues and for behavioral monitoring. Refusal to take the examination or completely participate in the examination process shall be a violation of the treatment contract. Results of the polygraph examination indicating deception shall not be the sole reason of a violation of the treatment contract. Results shall not be submitted in a court hearing for purposes of revocation.
3. These guidelines shall be used in conjunction with the standards for polygraph examiners as described by the American Polygraph Association (APA). Methods used by the polygraph examiner shall be as described by the APA standards. The polygraph examiner shall adhere to the Ethical Standards and Principles for the Management of Sexual Abusers as set forth by ATSA.
4. A description of the qualifications and training received by each polygraph examiner, the diplomas or certification received, and current association membership shall be kept on file in the central SOTP office at the Kentucky State Reformatory. Required qualifications are:

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- a. The polygraph examiner shall be a specially trained clinical polygraph examiner and a graduate from an APA accredited school.
- b. The polygraph examiner shall be a member of APA and have completed the APA approved Post Conviction Sex Offender Treatment (PCSOT) training.

#### R. Conditions for the Administration of the Polygraph

The SSC, in case-conference with the SOTP supervisor and the supervising probation and parole officer shall use the following criteria as guidelines when deciding on a polygraph examination for a client:

1. As a deterrence to re-offending;
2. Client in denial of his sexual offense;
3. Assist in treatment and supervision of the client;
4. In response to information regarding the client's activities that might indicate possible violations.

#### S. Procedures for Examination

##### 1. Scheduling for Polygraph Examinations

- a. The SSC shall contact the polygraph examiner to schedule a time and location for the examination.
- b. The SSC shall maintain a log of all polygraph examinations including the client's name, probation and parole officer, polygraph examiner conducting the examination, date and place of the examinations and results.

##### 2. Examination Procedures

- a. Pre-examination with clients
  1. The SSC shall review the polygraph special condition with the client, explain the polygraph process, and have the client complete the appropriate documents.
  2. The polygraph examiner shall review polygraph examination procedures with the client.
- b. Attendance at Examination
  1. The SSC may attend polygraph examinations, but shall not be present in the examination room unless directed to be in the room by the polygraph examiner. If the SSC is not present for the examination, the SSC shall be available for

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the polygraph examiner to contact during the examination if necessary.

2. A third party, including an attorney of the client, shall not be in the examination room at the time of the polygraph exam.
  - a. The client may consult with the attorney before the exam.
  - b. The client may consult with the attorney upon completing the exam and after the post-test interview by the polygraph examiner, which may include the SSC.

3. The polygraph examiner shall determine if the client is suitable for an examination considering the client's physical, mental or emotional state.

c. Post-test Interview

1. Upon completion of the polygraph examination, the polygraph examiner may conduct a post-test interview of the client.
2. The SSC and the polygraph examiner may consult after the polygraph examiner's post-test interview.
3. The SSC may debrief the client upon completion of the polygraph examination.
4. Failure of the client to cooperate during the post-test interview sessions shall be considered non-cooperation with the polygraph examiner and shall be a treatment contract violation with appropriate sanctions to be determined by the SSC and SOTP supervisor.

T. Results of Polygraph Examination Process and Supervision/Treatment Violations

1. Team Consultation

- a. The polygraph examiner shall disclose all information that is discussed in the examination to the supervising probation and parole officer and the SSC.
- b. Results of the examination shall be logged into the client's case file and the polygraph exam log.

2. General Provisions

- a. No deception: If no deceptions are indicated in the polygraph examination, the SSC shall record the results in the running record and the polygraph exam log and notify the SOTP supervisor and probation and parole officer.
- b. Deception indicated: If the examination indicates deceptive results on any question or the polygrapher has serious concerns regarding the veracity of the client's responses, the SSC shall consult with

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the SOTP supervisor and probation and parole officer to determine which sanctions and supervision strategies may be employed in response.

1. The SSC shall not use polygraph examination results indicating deception during the polygraph examination as the sole reason for treatment termination.
  2. The SSC shall record these responses in the running records and as part of their recommendation in any termination report that is submitted concerning other violations of treatment that occurred contemporaneously with the false statements.
  3. Deception shall be addressed as a supervision and treatment issue in the context of therapy.
- c. No opinion/Inconclusive: If the polygraph examiner determines that the test results appear to be inconclusive, then the client shall be rescheduled for another examination as recommended by the polygraph examiner.
- d. Non-cooperation with Polygraph Procedure: Failure of the client to cooperate with any of the procedures associated with polygraph testing shall be a treatment violation. The SSC shall case conference with the SOTP supervisor and the probation and parole officer regarding appropriate sanctions.

### 3. Admissions by Sex Offender Client

- a. Admission of Violating Conditions of Supervision: If the client admits to violating a condition of supervision, the SSC shall record admissions in the running record and on the result form. In accordance with treatment warning and termination procedures, the SSC shall case conference regarding the appropriate action depending on the nature of the violation.
- b. Admission by Client of Engaging in Criminal Activity During Polygraph Examination Procedures: If the client admits to criminal activity, committed subsequent to their admission to the SOTP, during the polygraph examination process, the SSC shall case-conference the matter with the SOTP supervisor and supervising probation and parole officer. The SSC, SOTP supervisor, supervising probation and parole officer, probation and parole supervisor and SOTP Program Administrator shall coordinate efforts with the polygraph examiner, the Office of Legal Services, and the local Commonwealth's Attorney to determine if a criminal complaint shall be filled.

### U. Treatment Fee

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1. In accordance with KRS 532.045(5) the SOTP may impose and enforce a treatment fee upon a client on community supervision who has been referred for sex offender specific treatment. Fees shall:
  - a. Not reduce a client's income to an amount that the potential for successful community reintegration is diminished;
  - b. Take into account all other obligations of the client, e.g., court ordered child support, supervision fees, restitution, fines, outstanding debts, etc.
  - c. Be set at an amount that will substantially defray the cost of the community SOTP.
  - d. Be established using a sliding scale fee base comparable to or less than that used by regional community mental health agencies.
2. In the event the client is unable to pay the treatment fee based on hardship or indigence, the client shall be required to provide adequate documentation to Corrections Division of Mental Health. Corrections, based on the documentation provided, may waive the treatment fee. Any decision to waive this fee may be revised, altered, and amended upon adequate documentation from the client's assigned SSC that the financial status of the client has changed. A client shall not be denied treatment because the client is indigent. The cost of the treatment manual shall also be the responsibility of the client separate from the cost of group and individual assessment fees.
3. If payment of the treatment fee is required, the payment shall be made by the client in the form of a cashier's check or money order made payable to the Kentucky Department of Corrections Division of Mental Health SOTP. All payments received shall be noted in the client's running record and a receipt given to the client with the carbon copy placed in the client's treatment file. The moneys collected shall be used to defray the costs of operating the SOTP.
4. The treatment contract shall explain any responsibilities of a client (as applicable) to pay for the cost of assessment and treatment. This explanation shall include the handling of payment and consequences for failure to make proper and timely payments. Clients shall be notified that there will be a 30-day grace period in the case of inability to pay for a particular session prior to consideration of termination.
5. Treatment fees shall be used in a special fund for the SOTP. These fees shall be pooled and used to pay for expenses of the SOTP, to include training for staff and supplies. These funds may also be used to pay for the expense of the polygraph examinations for those clients deemed indigent. For those clients who do not meet the required guidelines for classification as indigent, they shall be required to pay for the expense of the polygraph examinations when required by the SSC. Clients shall



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be afforded a reasonable notice to submit to the polygraph examination to allow adequate time to access the funds. Payment shall be due at the time of the examination.

**SEX OFFENDER TREATMENT PROGRAM**

## Institutional Component

*Statutory requirement:* According to KRS 439.340, any individual who commits a sex offense after July 15, 1986 and who meets the eligibility criteria within the meaning of sections 197.400 to 197.440 (see below), must complete the Sex Offender Treatment Program before becoming eligible for parole consideration. Other sex offenders not affected by this statute may also apply for the program.

*Eligibility criteria:* All individuals convicted of a sex offense that occurred after July 15, 1986, as well as other individuals who identify themselves as having a problem with sexually abusive behavior, are eligible for participation in the Sex Offender Treatment Program except those who meet one or more of the following conditions:

1. Active psychosis.
2. Mental retardation.
3. Deemed on clinically and empirically validated grounds not likely to benefit from (further) treatment. Such grounds may include:
  - a. Prior completion of the Sex Offender Treatment Program followed by reoffense of a sexual nature or recidivation on other, nonsexual grounds.
  - b. Commission of a sex offense marked by violence of a sadistic character.
4. More than three years from the initial parole eligibility date.

*Program description:* The Sex Offender Treatment Program consists of two (2) phases. Phase One (1) begins with an initial assessment and orientation period, during which applicants are evaluated for their suitability to continue in the program. This is followed by a series of psychoeducational courses focusing on a variety of treatment issues. Phase Two (2) involves the completion of a sequence of treatment tasks focusing on taking and maintaining personal responsibility, on obtaining a thorough understanding of past patterns of sexually abusive behavior, and on developing a relapse prevention plan for maintaining an offense-free life in the future.

Please indicate: \_\_\_\_\_ I am interested in participating in the program. *Note: Checking this line does not guarantee acceptance into the Sex Offender Treatment Program.*

\_\_\_\_\_ I am not interested in participating in the program.

Inmate name (printed): \_\_\_\_\_ Number: \_\_\_\_\_ P.E. date: \_\_\_\_\_

Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referral source: \_\_\_\_\_ Institution: \_\_\_\_\_

Institution classified to: \_\_\_\_\_

cc: Central file  
Institutional file

COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF CORRECTIONS  
Division of Mental Health

**PAUL E. PATTON**  
Governor

**DOUG SAPP**  
Commissioner

MEMORANDUM

TO:

FROM: Offender Rehabilitation Specialist  
Division of Mental Health

SUBJECT SEX OFFENDER TREATMENT PROGRAM

DATE:

As a result of our interview on February 11, 2000, you have completed the initial screening for the Sex Offender Treatment Program. Your next step is to contact your caseworker who shall initiate the process of transferring you to an institution where our program is offered. Please note that the decision of *which* institution you are sent to is made by the Classification staff, not by the Sex Offender Treatment Program itself.

When you get to your new institution, which may take several weeks, you will need to contact your new caseworker there to obtain a referral to the SOTP. **Do not assume this is automatic!** You need to follow through personally with your new caseworker.

After a more thorough interview with the Sex Offender Treatment Program staff at that institution, unless factors arise to preclude your entering the program at that time., you will be accepted into the assessment and orientation phase of the program. The purpose of that phase is to gain a greater understanding of applicants than the initial interview allows us and to give applicants a basic understanding of sex offender treatment in the program. At the end of this evaluation phase, the results of our assessment shall be discussed with you, and your suitability for continued treatment shall be determined.

cc: Caseworker  
Central File  
Institutional File  
SOTP File

**KENTUCKY JUSTICE CABINET****DIVISION OF MENTAL HEALTH****Referral to Sex Offender Treatment Program**  
*(To be completed by referral source)*

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
                    LAST                    FIRST                    NUMBER                    DORM

Institution: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_

Did Resident request this referral? Yes \_\_\_\_\_ No \_\_\_\_\_

Did sex offense occur after July 14, 1986? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the Resident sentenced after July 15, 1998? Yes \_\_\_\_\_ No \_\_\_\_\_

Has Resident been in Institutional SOTP previously? Yes \_\_\_\_\_ No \_\_\_\_\_

Institution and dates: \_\_\_\_\_

Is Resident a previous applicant? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of last application: \_\_\_\_\_

Current offense's: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sentence: \_\_\_\_\_ Parole Eligibility Date: \_\_\_\_\_

Caseworker \_\_\_\_\_ Phone #: \_\_\_\_\_

**SEX OFFENDER TREATMENT PROGRAM**  
**INTAKE/PROGRAM EVALUATION FORM**

Applicant's name: \_\_\_\_\_ Number \_\_\_\_\_

Interviewer: \_\_\_\_\_ SOTP Home site: \_\_\_\_\_

Interview date: \_\_\_\_\_ Referral date: \_\_\_\_\_

Location where interviewed

<u>Institution</u>				<u>Community</u>			
KSR	<input type="checkbox"/>	LLCC	<input type="checkbox"/>	CLOU	<input type="checkbox"/>	CLEX	<input type="checkbox"/>
KCIW	<input type="checkbox"/>	NTC	<input type="checkbox"/>	CCOV	<input type="checkbox"/>	CPAD	<input type="checkbox"/>
KSP	<input type="checkbox"/>	EKCC	<input type="checkbox"/>	CLON	<input type="checkbox"/>	CPIK	<input type="checkbox"/>
WKCC	<input type="checkbox"/>	RCC	<input type="checkbox"/>	CMOR	<input type="checkbox"/>	CBG	<input type="checkbox"/>

SOTP Status

Parole eligibility date: \_\_\_\_\_ Serve-out date: \_\_\_\_\_

Maximum expiration date: \_\_\_\_\_ Length of sentence: \_\_\_\_\_

Mandatory KRS 197? Yes ☐ No ☐

Alford plea? Yes ☐ No ☐

Type of case: Inmate ☐ Parole ☐ Probation ☐ Shock Probation ☐

Previous applicant? Yes ☐ No ☐ Institutional site \_\_\_\_\_ Community site \_\_\_\_\_

Previous client? Yes ☐ No ☐ Institutional site \_\_\_\_\_ Community site \_\_\_\_\_

Completed program Yes ☐ No ☐ Institutional site \_\_\_\_\_ Community site \_\_\_\_\_

Interview Outcome

Applicant accepted: \_\_\_\_\_ Applicant turned down: \_\_\_\_\_

Reason for denial: psychosis ☐ MR ☐ other ☐

If other, specify: \_\_\_\_\_  
\_\_\_\_\_

Community Component Contact Information

Home address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Partner's name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Officer: \_\_\_\_\_ Phone #: \_\_\_\_\_

General Demographic

DOB: \_\_\_\_\_ Present Age \_\_\_\_\_ SS#: \_\_\_\_\_  
 Race:   Cauc ☐      Afam ☐      Hispanic ☐      Asian ☐      First American ☐      Other ☐

Development History

Primarily raised by:      both natural parents ☐      one natural parent: mother ☐ father ☐  
    relatives ☐      other (stepparent/foster home) ☐  
 Number of siblings, stepsiblings and other children in the home: \_\_\_\_\_  
 Hx of abuse in childhood (under 18 years old):    physical Yes ☐ No ☐      sexual Yes ☐ No ☐  
 Physical by (#):      parents \_\_\_\_\_      Other relatives \_\_\_\_\_      Known other \_\_\_\_\_      Strangers \_\_\_\_\_  
 Sexual by (#):      parents \_\_\_\_\_      Other relatives \_\_\_\_\_      Known other \_\_\_\_\_      Strangers \_\_\_\_\_

Marital History

Present marital status:    Single ☐      Married ☐      Cohabiting ☐      Sep ☐      Div ☐      Wid ☐  
 Prior marital status (#):    Single \_\_\_\_\_      Married \_\_\_\_\_      Cohabiting \_\_\_\_\_      Divorced \_\_\_\_\_      Widowed \_\_\_\_\_  
 Natural children (age/gender) \_\_\_\_\_  
 Stepchildren (age/gender) \_\_\_\_\_

Education

Highest grade completed: \_\_\_\_\_ (HS/GED=12 yrs.,    BA/BS=16 yrs.,    MA/MS=18 yrs.)  
 Other educational/vocational training: \_\_\_\_\_  
 \_\_\_\_\_

Employment History

Types of jobs held (e.g., restaurant, construction): \_\_\_\_\_

Longest period of employment since age 18: \_\_\_\_\_      # of jobs held in lifetime: \_\_\_\_\_

# of times fired from job: \_\_\_\_\_      Employed at time of offense?    Yes ☐    No ☐

Ever on welfare, drawn SSI or unemployment? (Dates, reasons) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Health

Past major illnesses or injuries: \_\_\_\_\_

\_\_\_\_\_

Current or chronic health problems: \_\_\_\_\_

\_\_\_\_\_

Current medications: \_\_\_\_\_

\_\_\_\_\_

Mental Health History

## Prior counseling

Ever diagnosed as hyperactive? Yes ☐ No ☐ If yes, ever treated (e.g., meds) \_\_\_\_\_Mental or emotional problems? Yes ☐ No ☐ \_\_\_\_\_

\_\_\_\_\_

Sex offenses? Yes ☐ No ☐ \_\_\_\_\_

\_\_\_\_\_

Taken medication for mental or emotional problems? Yes ☐ No ☐

Name/type: \_\_\_\_\_

\_\_\_\_\_

Ever hospitalized for mental or emotional problems? Yes ☐ No ☐

Dates: \_\_\_\_\_

\_\_\_\_\_

Family members ever had mental or emotional problems? Yes ☐ No ☐

Who/nature of problem: \_\_\_\_\_

\_\_\_\_\_

Ever thought about suicide? Yes ☐ No ☐ Ever attempted suicide? Yes ☐ No ☐

Date/method: \_\_\_\_\_

\_\_\_\_\_

Family member ever attempted/committed suicide? Yes ☐ No ☐

Who/when/method: \_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

Substance Abuse History

At what age did you start drinking? \_\_\_\_\_ Using drugs? \_\_\_\_\_  
 beverage of choice? \_\_\_\_\_ Drugs of choice? \_\_\_\_\_

Have you ever lost a job due to alcohol use? Yes ☐ No ☐ Due to drug use? Yes ☐ No ☐

Had marital/relationship trouble due to alcohol use? Yes ☐ No ☐ Drug use? Yes ☐ No ☐

Been arrested due to alcohol use? Yes ☐ No ☐ Due to drug use? Yes ☐ No ☐

Using alcohol when you committed your sex offense? Yes ☐ No ☐ Drugs? Yes ☐ No ☐

Have you ever had an alcohol problem? Yes ☐ No ☐ A drug problem? Yes ☐ No ☐

Why did you use (substance; e.g., relaxation? escape?)? \_\_\_\_\_

File/PSI information: \_\_\_\_\_  
 \_\_\_\_\_

Criminal History

Age at first/most recent arrest (self-report): \_\_\_\_\_ / \_\_\_\_\_ Per PSI: \_\_\_\_\_ / \_\_\_\_\_

Number of arrests prior to age 18 (self-report): \_\_\_\_\_ Per PSI: \_\_\_\_\_

Number of arrests as an adult (self-report): \_\_\_\_\_ Charges: \_\_\_\_\_

Prior charges and convictions from institutional file (use categories from PCL-R):

<u>Category (counts/total)</u>	<u>Charges (use abbreviations)/Years committed</u>
Robbery _____	_____
Theft _____	_____
Fraud _____	_____
Drug _____	_____
Murder _____	_____
Assault _____	_____
Weapons _____	_____
Sex _____	_____
Kidnap _____	_____
Escape _____	_____
Major Driving _____	_____
Obstruction _____	_____
Arson _____	_____
Federal _____	_____
Misc. _____	_____

Total all charges and convictions, including present charges/convictions: \_\_\_\_\_

Total Crime categories (including present charges/convictions): \_\_\_\_\_



CURRENT SEX OFFENSESCharges

Counts	Original	Amended	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total length of sentence (time to serve): \_\_\_\_\_

PSI Offense Account

Ages of victims:            Less than 16 ☐            16 or older ☐            Both age groups ☐

Gender of victims:            Male ☐            Female ☐            Both male and female ☐

Relationship to victims            Family/cohabitant/live-in ☐ \_\_\_\_\_            Non-family ☐ \_\_\_\_\_

Evidence for sadistic violence?            Yes ☐            No ☐

Offender' Account

Level of Admission of guilt:            Full ☐            Partial ☐            Complete denial ☐

ADDITIONAL QUESTIONS

Why do you want to be admitted to this treatment program?\_\_\_\_\_

What harm has your offense behavior caused to the persons you victimized?\_\_\_\_\_

What do you want to change about yourself?\_\_\_\_\_

Date of leaving program: \_\_\_\_\_

<input type="checkbox"/>	A. Psychosis			
<input type="checkbox"/>	B. Mental retardation			
<input type="checkbox"/>	C. Client request; refused to be in the program			
<input type="checkbox"/>	D. Non-admitter (after assessment phase)			
<input type="checkbox"/>	E. Judged unlikely to benefit from treatment (after initial assessment phase)			
<input type="checkbox"/>	F. Judged unlikely to benefit from further treatment (post-assessment phase)			
<input type="checkbox"/>	G. Non-compliant with program contract or rules			
<input type="checkbox"/>	H. Completed minimum program requirements			
<input type="checkbox"/>	I. Parole/probation: technical violation	Revoked:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	J. Parole/probation: new arrest for non-sexual offense	Revoked:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	K. Parole/probation: new arrest for sexual offense	Revoked:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	L. Parole/probation: new conviction, non-sexual offense	Revoked:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	M. Parole/Probation: new conviction, sexual offense	Revoked:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	N. Deceased			
<input type="checkbox"/>	O. Absconder			
<input type="checkbox"/>	P. Escape			
<input type="checkbox"/>	Q. Release court order			
<input type="checkbox"/>	R. Sentence/probation/parole expired			
<input type="checkbox"/>	S. Release from active supervision			
<input type="checkbox"/>	T. Other			

Notes: \_\_\_\_\_

**DEPARTMENT OF CORRECTIONS  
DIVISION OF MENTAL HEALTH**

**Sex Offender Treatment Program  
Institutional Component**

**Program Contract**

This program contract shall give you an idea of what to expect during your treatment. Feel free to ask any questions about this contract and your participation in the program.

**Program Description**

The Sex Offender Treatment Program (SOTP) is set up to help you and others in the program to understand how you came to commit a sexual offense. It will help you to know more clearly how you started your offense pattern and to develop a plan to prevent yourself from repeating it. You will be expected to take responsibility for your behavior and to take part in groups that will teach you how people relate to each other, sexually, socially, and in families. There will also be tasks or homework assignments that you will have to complete and present to other members of your group. Most counseling will be in a group setting. If you need additional help with your tasks, you may ask for an individual appointment with one of your counselors.

In the first eight weeks, you will be in an Assessment and Orientation (A&O) group. This will provide you and the staff with information about your ability to participate successfully in group therapy. At the end of this eight weeks, you will meet with the SOTP staff. At this time a decision shall be made as to whether or not you shall be accepted into the program. If you are accepted, you shall move through eight weeks of group counseling focused on Human Sexuality, eight weeks on Social Skills, and eight weeks on Family Patterns. You shall be placed in a counseling group where there are six tasks: Basic Ownership, Autobiography, Advanced Ownership, Relapse Prevention, Victim Personalization, and Restitution. The time needed to complete each task may be different for each person. Your task presentations shall be accepted by your group members and counselors before they are considered complete.

From time to time you shall meet with the staff to discuss your progress in the program and to answer any questions that you or the staff may have.

**Confidentiality**

Confidentiality means that something which is communicated or told to another person is not told to someone else. This means that you shall not reveal or tell anything that is talked about in your group to others who are not in your group. It also means that you cannot reveal the names of other people in the program. If you break confidence, you have broken trust and you may be terminated, or removed, from the program.

We may need to speak to a family member or another person who knows you and your history. We may also need to ask others for copies of confidential information or records about you, such as medical or psychological reports. If we need to know more about you, we shall ask you to sign a release of information. This means that all information the SOTP has about you is available only to SOTP staff except in a couple of circumstances:

1. If you sign a release of information, the SOTP can share information we have about you with other mental health or legal persons you choose.
2. If your case is not yet closed or is in appeal, we could be subpoenaed to testify or give information to the court.

The conditions of confidentiality established under KRS 197.440 are as follows:

*“Communications relative to a sexual offender’s diagnosis and treatment in the program, made between a sexual offender or member of the offender’s family and any employee of the Cabinet who is assigned to work in the program, shall be privileged from disclosure in any civil or criminal proceeding, unless the offender consents to the disclosure or the communication is related to an ongoing criminal investigation. The privilege created by this section shall not extend to disclosures made in an administrative hearing for the purpose of determining whether the individual should continue to participate in the program. The offender shall be informed in writing of the limits of the privilege created herein.”*

There are exceptions to confidentiality that we are required by law to report: If you say that you are going to hurt yourself or someone else or if you report information about a child or dependent adult currently being neglected or abused physically or sexually, we are required by law to report that to the Cabinet for Children and Families.

If your parole eligibility date occurs while you are still in treatment, you may be asked to sign a waiver of your scheduled parole hearing until you have completed the program. Also, the SOTP staff is required to provide a report of your progress in treatment to the parole board. That report may include any information shared with the staff or contained in your SOTP records. It will also include recommendations for conditions of your parole. You may not have a copy of this report. However, you may ask for a meeting with the treatment team to discuss our report to the parole board.

I understand what I have read and I agree to accept the above conditions of confidentiality.

Name: \_\_\_\_\_ #: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### **Audiotaping and Videotaping**

While you are in the SOTP, you may be taped at some time for the purpose of training staff and students or for use within your treatment group. These tapes are kept by the SOTP staff. They are viewed only by SOTP staff and students. Any recording to be used outside of the institution shall have your separate written consent.

I understand and accept the above policy about audiotaping and videotaping:

Name: \_\_\_\_\_ #: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### **Termination**

You may be terminated from the program for showing a lack of progress in the following ways:

1. Unexcused absences
2. Failure to accept responsibility for your offense by the end of the first eight weeks.
3. Failure to complete treatment tasks.
4. Disruptive behavior in group, such as ongoing conflict with staff or other group members.
5. Confinement in disciplinary segregation. Being held for investigation shall be excused if you are cleared of all charges.

For other problems in your treatment, you shall meet with the staff and efforts shall usually be made to work out the problem before you are terminated. We look for ways to keep you in the program rather than reasons to kick you out.

If you are terminated from the program, you will be notified in writing. In most cases, you may be eligible to reapply for admission to the program six months after your termination date.

I understand and accept the termination policy.

Name: \_\_\_\_\_ #: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## INDIVIDUALIZED CONTRACT

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Strengths: \_\_\_\_\_

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Needs: \_\_\_\_\_

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### Long Term Goals:

Date of Completion or Discontinuation

[illegible]





[illegible]

Name\_\_\_\_\_ Number\_\_\_\_\_

Date: From\_\_\_\_\_ To\_\_\_\_\_ Group:\_\_\_\_\_

Very Low	Low	Average	High	Very High
----------	-----	---------	------	-----------

- |    |   |       |       |       |       |       |
|----|---|-------|-------|-------|-------|-------|
| 1. | Attention or Interest:                      | _____ | _____ | _____ | _____ | _____ |
| 2. | Initiative:                                 | _____ | _____ | _____ | _____ | _____ |
| 3. | Level of Participation:                     | _____ | _____ | _____ | _____ | _____ |
| 4. | Accountability:                             | _____ | _____ | _____ | _____ | _____ |
| 5. | Relates to information presented:           | _____ | _____ | _____ | _____ | _____ |
| 6. | Reports use of information and skills:      | _____ | _____ | _____ | _____ | _____ |
| 7. | Evidence of change in attitudes or beliefs: | _____ | _____ | _____ | _____ | _____ |

Behavior:       Compliant and Cooperative      Uninvolved       Disruptive

Attitude:      \_\_\_\_Receptive and Open              \_\_\_\_Indifferent              \_\_\_\_Defiant or Hostile

Comments:

**COMMONWEALTH OF KENTUCKY**  
**Department of Corrections**  
**Division of Mental Health**

PAUL E. PATTON  
GOVERNOR  
COMMISSIONER

DOUG SAPP

**Sex Offender Treatment Program**  
**NOTICE OF TERMINATION**

**TO:** Inmate's Name  
Inmate's ID Number  
**Date:** Date of Memo

---

You have been terminated from the Sex Offender Treatment Program for the following reasons:

*In this section, we detail absence from group, refusal to take ownership of offense behavior, recanting previous ownership of sexually abusive behaviors, new case in court or case on appeal, not likely to benefit from treatment (enhanced by empirical data from testing – MSI, MMPI-2, etc.) violation of confidentiality, or any reason a person is terminated from treatment.*

You may appeal this termination by forwarding a written appeal to the Director of the Division of Mental Health:

Rick Purvis, Psy.D.,  
Licensed Psychologist  
Director, Division of Mental Health  
Kentucky State Reformatory  
LaGrange, Kentucky 40032

You must make your appeal within five (5) working days of the receipt of this notice. The Director shall then forward a written response to you within fifteen (15) working days. You may reapply to the Sex Offender Treatment Program through your caseworker six (6) months from this termination date.

---

Kathleen D. Colebank, M.Ed.  
Certified Psychological Associate  
KSR SOTP Supervisor

---

Katherine D. Peterson, Psy.D.  
Licensed Clinical Psychologist  
SOTP Program Administrator

cc: **Parole Board**  
Tom Mugavin, KSR  
Chris Block, SAP Director  
KSR Unit Director

Caseworker  
Institutional File  
Treatment File  
Secretary's File

**KENTUCKY SEX OFFENDER TREATMENT PROGRAM  
COMMUNITY COMPONENT**

**PROGRAM STATUS: REFERRAL OR ADMISSION  
TERMINATION OR DISCHARGE**

Client Name: \_\_\_\_\_

Client ID: \_\_\_\_\_

Probation and Parole Officer: \_\_\_\_\_

Offender Rehabilitation Specialist: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Discharge, Termination or Non-Acceptance Date: \_\_\_\_\_

**I. Referral or Admission**

\_\_\_\_\_ Accepted provisionally into program (Phase I - Assessment and Orientation) this date \_\_\_\_\_

\_\_\_\_\_ Accepted into program (Phase II – Active treatment) this date \_\_\_\_\_

\_\_\_\_\_ Not accepted into program – reason:

\_\_\_\_\_ Excessive absenteeism during Assessment and Orientation Phase I of Program

\_\_\_\_\_ Non-admission of responsibility of guilt for sexual offense

\_\_\_\_\_ Psychosis or severe mental disorder

\_\_\_\_\_ Mental retardation

\_\_\_\_\_ Unlikely to benefit from treatment

\_\_\_\_\_ This offender is considered untreatable. Special consideration may be warranted in the disposition of this case.

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Client may reapply to program in ninety (90) days. Referrals should come through the probation and parole office.

**II. Termination**

\_\_\_\_\_ Violations of provisions of treatment contract

\_\_\_\_\_ Unsatisfactory attendance and punctuality record

\_\_\_\_\_ Disruptive in group therapy

\_\_\_\_\_ Failure to pass core psychoeducational modules

\_\_\_\_\_ Failure to do home work

\_\_\_\_\_ Unsatisfactory participation in treatment

\_\_\_\_\_ Unsatisfactory acceptance of responsibility for sexual offense

### Termination Continued

- ☐ Refusal to change unhealthy preoffense behaviors
- ☐ Unwilling to comply with needed adjunctive treatment (for example, substance abuse counseling)
- ☐ This offender is considered untreated or untreatable. Special consideration may be warranted in the disposition of this case.
- ☐ Other \_\_\_\_\_
- \_\_\_\_\_
- ☐ Client may reapply to program in ninety (90) days. Referral should come through the probation and parole officer.

### III. Discharge

- ☐ Completed program – all three phases
- ☐ Completed partial program
- ☐ Phase I – Assessment and Orientation
- ☐ Phase II – Active Treatment (therapy)
- ☐ Phase III – Maintenance (therapy)
- ☐ Unable to complete all phases of treatment due to:
- ☐ Expiration of sentence
- ☐ Reached maximum benefit of treatment
- ☐ Relocation – approved by officer
- ☐ Other \_\_\_\_\_
- \_\_\_\_\_

### IV. Temporary Inactive Status

☐ Active treatment may continue when the following conditions are met \_\_\_\_\_

\_\_\_\_\_

**NOTE: THE ABOVE REPORT SHOULD NOT BE INTERPRETED AS AN INDICATED OR PREDITOR OF FUTURE BEHAVIOR OR PROPENSITY TO REOFFEND. IF YOU WOULD LIKE FURTHER CONSULTATION REGARDING THIS CASE, PLEASE CONTACT THE OFFENDER REHABILITATION SPECIALIST.**

### V. Referral Recommendations

- ☐ Substance abuse treatment – inpatient
- ☐ Substance abuse treatment – outpatient
- ☐ Mental health treatment – inpatient
- ☐ Mental health treatment – outpatient
- ☐ Sex Addicts Anonymous
- ☐ Family counseling
- ☐ Marital or partner counseling

Policy Number	Issue Date	Effective Date	Page
13.6	[ <del>January 13, 1989</del> ]	[ <del>January 16, 1989</del> ]	38

\_\_\_\_Parents United

## VI. Suggested Probation and Parole Conditions

The following suggested conditions may be appropriate in addition to existing conditions and standing regulations. Contact Sex Offender Treatment Staff to discuss the importance of these conditions relative to this offender. Violation of these conditions constitute a warning sign.

- \_\_\_\_\_ Comply with mental health center or other therapies ongoing or recommended.
  - \_\_\_\_\_ Specifically \_\_\_\_\_
- \_\_\_\_\_ Comply with medication regimen
- \_\_\_\_\_ Comply with evaluation for medication
- \_\_\_\_\_ Abstinence from, no purchase or possession of alcoholic beverages or regulated drugs
- \_\_\_\_\_ No family or other social gatherings with alcohol or substances present
- \_\_\_\_\_ Attend and participate with alcohol and drug treatments
  - \_\_\_\_\_ AA
  - \_\_\_\_\_ AL-ANON
  - \_\_\_\_\_ NA
  - \_\_\_\_\_ JADAC
  - \_\_\_\_\_ Other
- \_\_\_\_\_ Urinalysis screening
- \_\_\_\_\_ Abstinence from bars and nightclubs
- \_\_\_\_\_ No using or possessing pornographic materials
- \_\_\_\_\_ Abstinence from strip bars and x-rated places
- \_\_\_\_\_ Limitation on driving
  - \_\_\_\_\_ No driving after dark
  - \_\_\_\_\_ No driving, walking or visiting in prohibited areas,
    - \_\_\_\_\_ Specifically \_\_\_\_\_
- \_\_\_\_\_ No Hitchhiking or picking up hitchhikers
- \_\_\_\_\_ No door to door sales, solicitation or delivery jobs
- \_\_\_\_\_ No contact with children unless approved by officer
- \_\_\_\_\_ No residence with children without permission of officer
- \_\_\_\_\_ No possession of weapons of any type
- \_\_\_\_\_ No out of neighborhood trips
- \_\_\_\_\_ No out of county trips
- \_\_\_\_\_ No out of state trips
- \_\_\_\_\_ No unauthorized employment
- \_\_\_\_\_ No secrecy about offense with
  - \_\_\_\_\_ Partner or spouse
  - \_\_\_\_\_ Family members
  - \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_ Partner alert list with partner, spouse or family member and officer present
- \_\_\_\_\_ Partner or martial therapy with outside provider
- \_\_\_\_\_ Polygraph
- \_\_\_\_\_ Monitoring with wrist bracelet
- \_\_\_\_\_ Other \_\_\_\_\_

VI. Assessment and Treatment Summary (Summary Outline)

- (1) Description of offense, offender's version, level of justification and responsibility
- (2) Length involved in program and level of involvement
- (3) Life style
- (4) Assessed level and potential for functioning
- (5) Risk factors, warning signs, special needs
- (6) Relationship for non-acceptance, termination or discharge.



